



Ce formulaire est aussi disponible en français

Case Reference		Person Reference	
Middle Name/Nickname			
Details			
Gender	Date of Birth	Marital Status	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed	DD MM YYYY	<input type="checkbox"/> Single <input type="checkbox"/> Married (or equivalent) <input type="checkbox"/> Undisclosed	
Status in Canada	Date Arrived in Canada		
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other:	DD	MM	YYYY
Please complete if you wish to self-identify as a member of a designated group(s). Your response to this question is entirely voluntary and will not affect your eligibility. This information will be used by the Governments of Ontario and Canada for policy analysis and statistical purposes related to employment programs and services.			
Preferred Language of Service	Social Insurance No.		
<input type="checkbox"/> English <input type="checkbox"/> French			
Address			
Primary Mailing Address		City	Postal Code
Unit/Suite/Apt	Street Number and Name		
Alternate Mailing Address		City	Postal Code
Unit/Suite/Apt	Street Number and Name		
Contact			
Primary Telephone		Alternate Telephone	
<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Area Code	Tel. No.	Ext.
Email Address		Area Code	Tel. No. Ext.
Education			
Select your Highest Level of Education <u>Completed</u>			
<input type="checkbox"/> Grade 0 - 8	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Certificate of Apprenticeship	<input type="checkbox"/> Applied Degree
<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 12 (or equivalent)	<input type="checkbox"/> Journeyperson	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 10	<input type="checkbox"/> OAC	<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Post Graduate
Institution of Highest Level of Education <u>Completed</u>			
START Date	END Date	Type	Country of Institution
DD MM YYYY	DD MM YYYY	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Program Description			
Additional Education			
<input type="checkbox"/> Some Apprenticeship		<input type="checkbox"/> Some University	
Institution of Additional Education (may or may not have been completed)			
START Date	END Date	Type	Country of Institution
DD MM YYYY	DD MM YYYY	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Program Description			

Employment

List your work experience below, including volunteer work. Start with the most recent job/volunteer activity.

Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Self Employed <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer		Name of Employer Job Title / Duties	
Country of Employment		Employment START Date DD MM YYYY	Employment END Date DD MM YYYY
Wage Amount \$	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Year	Employment Hours per Week	
Reason for Leaving			

Service Provider Use Only
NOC NAICS

Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Self Employed <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer		Name of Employer Job Title / Duties	
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Employment Type <input type="checkbox"/> Paid <input type="checkbox"/> Self Employed <input type="checkbox"/> Unpaid <input type="checkbox"/> Volunteer		Name of Employer Job Title / Duties	
Country of Employment		Employment START Date DD MM YYYY	Employment END Date DD MM YYYY
Wage Amount \$	Per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Year	Employment Hours per Week	
Reason for Leaving			

Service Provider Use Only
NOC NAICS**Additional Information**

How did you hear about this program?

What are your short-term employment/career goals?

What are your long-term employment/career goals?

What types of work are you interested in doing? (List by order of preference)

Identify any necessary adjustments or accommodations at a job location,
e.g. access and/or equipment needs, that may be required due to a health issue or disability

Have you applied for Employment Insurance Benefits in the past 52 weeks?

 Yes

If "Yes", where?

 No Unsure

Last Name	First Name	Case Reference	Person Reference
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Client Summary (Service Provider Use Only)

Internationally Trained Professional

Yes No

Labour force attachment

Employed Unemployed Under-employed Self-employed Full-time Student Part-time Student

Credentials not recognized in Ontario

Regulated trade certificate College diploma
 Regulated professional University degree
 High school diploma N/A

History of poor work retention?

Yes No

Job search skills:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Needs development	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Strength
Employment skills:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Needs development	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Strength
Language skills:	<input type="checkbox"/> Unknown	<input type="checkbox"/> Needs development	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Strength

Recent job loss due to labour market change?

Yes No

Employment Experience

No work experience Worked in Canada Worked, but not in Canada

Source of Income

Employment Insurance (EI) Ontario Disability Support Program (ODSP)
 Ontario Works (OW) Dependent of OW/ODSP
 Crown Ward Extended Care and Maintenance No Income
 Other, specify: _____

Highest Level of Education/Training Completed

_____ In Canada Outside Canada

Time out of school/work

Less than 3 months 3 to 6 months 6 months to 12 months more than 12 months

Validation of OW/ODSP or EI status on file?

Yes No Not Applicable

ES proof of eligibility has been reviewed and verified (age, legally entitled to work in Canada, etc.)?

Yes No

Validation of income on file (if Training Supports are provided)?

Yes No Not Applicable

Case Worker (First Name, Last Name)

Date DD MM YYYY

Notice of Collection and Consent

Your Service Provider delivers Employment Service under an agreement with the Ministry of Training, Colleges and Universities (Ministry) and is required to make its books and records available to the Ministry for inspection, investigation or audit. Your Service Provider is also required to report to the Ministry on:

- the service it tailors and provides to you
- your educational, training and employment progress and outcomes
- your satisfaction with the service you receive

The Ministry will also collect relevant personal information from Canada if necessary to determine your eligibility for and the nature and level of Employment Insurance benefits and to monitor, assess and evaluate the effectiveness of Employment Service. Depending on the type of service or support you receive and any incentives available to your employer to hire you, the Ministry may also collect personal information indirectly from your employer.

The Ministry will use your personal information to administer and finance Employment Service. For purposes of administering the Employment Service, client information collected on this form will be recorded, either by the Service Provider or Ministry, in the Ministry's Employment Ontario Information System (EOIS). EOIS is used by the Service Provider and Ministry to support the administration of Employment Ontario programs and services, including the Employment Service. Note: The Ministry may use contractors and auditors to administer and finance Employment Service.

Administration includes:

- Assessing the performance of your Service Provider – its effectiveness, efficiency and customer service results; monitoring, inspecting, investigating, auditing and enforcing your Service Provider's compliance with its agreement with the Ministry;
- Planning, evaluating and monitoring Employment Service – this includes conducting surveys; and conducting policy and statistical analysis and research related to all aspects of Employment Service. You may be contacted to request your voluntary participation in surveys.
- Promoting Employment Service – You may be contacted to request your voluntary participation in public relations campaigns related to Employment Service.

Employment Service is funded by the Ministry, in part with funds provided by Canada under Part II of the *Employment Insurance Act*. Under the Labour Market Development Agreement between Canada and Ontario (LMDA), the Ministry is required to collect your social insurance number to provide reports to Canada to allow it to monitor and assess the Employment Insurance Program as required under s. 3 of the *Employment Insurance Act*. For example of such a report, see: http://www.hrsdc.gc.ca/eng/employment/monitoring_assessment/index.shtml.

The Ministry collects your personal information in accordance with s. 38(2) of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31, as amended, the LMDA, the Labour Market Agreement between Canada and Ontario, ss. 3, 63 and 139 of the *Employment Insurance Act*, S.C. 1996, C.23, as amended, s. 76.29 of the *Employment Insurance Regulations*, SOR/96-332, ss. 10, 34(1) and 36(1) of the Department of Human Resources and Skills Development Act, S.C. 2005, C.34 AND S. 8 OF THE *Privacy Act*, R.S. 1985, c. P-21, as amended.

For more information about the collection and use of your personal information to administer and finance Employment Service you can contact the Manager, Employment Ontario Hotline, in writing at the Ministry of Training, Colleges and Universities, 33 Bloor Street East, 2nd Floor, Toronto, Ontario M4W 3H1 or by phone at 1-800-387-5656. <http://www.edu.gov.on.ca/eng/tcu/threeWays.html>.

By signing below, I give consent to the Ministry to indirectly collect, use and disclose my personal information for the purposes set out above.

By signing below, I acknowledge that my Service Provider has explained its use and disclosure of my personal information for its purposes.

Signature of Participant

Date

DD MM YYYY

Signature of Participant

_____ X

Date

DD MM YYYY